



STATE BOARD OF OPTOMETRY

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Request for Reissue of Licenses With TPL or TLG Certification

BOARD USE ONLY

Cashiering # _____

OPT # _____

FEE: \$25.00 per license

Provision: The provisions of Business and Professions Code 3041 now allow any therapeutic pharmaceutical agent (TPA) – certified California-licensed optometrist who graduated from an accredited school or college of optometry on or after May 1, 2000 to be certified to perform lacrimal irrigation and dilation (TPL) for patients over 12 years of age excluding probing of the nasal lacrimal tract. TPA-certified California-licensed optometrists who graduated from an accredited school or college of optometry on or after May 1, 2008 will be certified to perform lacrimal irrigation and dilation for patients over 12 years of age excluding probing of the nasal lacrimal tract and treat glaucoma (TLG) as defined under specified certification standards.

Instructions: This form is to be completed by those licensees who wish to request reissued licenses because of the recent certification changes that took effect on January 1, 2009, due to the expansion to California-licensed optometrist's scope of practice. **NOTE:** If you are requesting original or renewal wall/pocket licenses or an engraved certificate that include the certification update(s), please enclose your existing licenses or certificate with this form. If your license is due to expire soon and you plan to renew it, you may not want to submit this form unless you would like a duplicate engraved certificate.

Name of license holder (please print or type):		OPT license number:
_____	_____	_____
Last Name	First Name	License Number
Principal Place of Practice Address:		
_____		_____
Business Name		Telephone Number

Street / P.O. Box		
_____		_____
City, State, Zip Code		Email Address
(Please check if New Address <input type="checkbox"/>)		
Please indicate the type of license you are requesting:		
<input type="checkbox"/> TPL <input type="checkbox"/> TLG		
<input type="checkbox"/> Reissue Original or Renewal Wall/Pocket Licenses		
<input type="checkbox"/> Reissue Engraved Certificate		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE _____

DATE _____